

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 16-02485
DEFENDANT ROBERT D. STUMPH, JR.	TYPE OF PROCESS NOTICE OF SALE

SERVE  
ATNAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
ROBERT D. STUMPH, JR.ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)  
SCI Retreat 660 State Route 11, Hunlock Creek, PA 18621

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please personally serve Defendant with the Notice of Sale by 10/1/2017.

Inmate #: LV6167

Signature of Attorney other Originator requesting service behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 9/13/17
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No 67	District to Serve No 67	Signature of Authorized USMS Deputy or Clerk J. M. D. DAF	Date 9/13/2017
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served, if not shown above:

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only, different than shown above)

Date  
9/14/17 Time 0945 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee \$ 130.00	Total Mileage Charges including odometer \$ 35.20	Forwarding Fee	Total Charges \$ 165.20	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund) \$0.00
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REMARKS 9/14/17 - (1) DUSM - (2) HRS - \$130.00, TOTAL MILEAGE - 65.8 - \$35.20

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment of any amount owed. Please return promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FILED  
HARRISBURG, PA

SEP 14 2017

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12-80